

## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

01527/000E847-US0

In re Application of                      Arthur Ashman

Application Number  
09/448,692

Filed  
November 24, 1999

For: SOFT TISSUE SUBSTITUTE AND METHOD OF SOFT TISSUE REFORMATION

Art Unit 3738

Examiner D. Isabella

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |                                     |                                  |           |
|-------------------------------------|----------------------------------|-----------|
| <input type="checkbox"/>            | One month (37 CFR 1.17(a)(1))    | \$        |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2))   | \$ 420.00 |
| <input type="checkbox"/>            | Three months (37 CFR 1.17(a)(3)) | \$        |
| <input type="checkbox"/>            | Four months (37 CFR 1.17(a)(4))  | \$        |
| <input type="checkbox"/>            | Five months (37 CFR 1.17(a)(5))  | \$        |

- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 210.00
- ☒ The fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fee deficiency or any additional fees, or credit any overpayment, to Deposit Account Number 04-0100

I have enclosed a duplicate copy of this sheet.

I am the		applicant/inventor.
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☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a)

43.040

January 26, 2004

Date \_\_\_\_\_

(212) 527-7641

Telephone Number

Signature

Kevin L. Reiner

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of 1 forms are submitted.

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210.00 OP

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